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DR. COALE'S PRIZE DISSERTATION ON FRACTURES.

[Concluded from page 95.]

Constitutional and Local Treatment.

Where such violence is inflicted as to fracture any bone, local trouble to greater or less extent supervenes, and where a bone the size of the femur is the subject of the injury, this trouble is not trifling. With it also there is consequent constitutional disturbance. Both of these demand our care, and frequently exercise our skill far more than the adaptation of a splint and the preservation of extension and counter-extension.

Constitutional Treatment.—Under this head all rules must necessarily be very general, and much must unavoidably depend upon the tact and judgment of the physician, rather than upon any indications or warnings that can be given him. We do not feel that it is required of us to give any directions, except those called for by conditions and emergencies proper and peculiar to fractures. We leave many things to that knowledge of general principles which the surgeon must have acquired long before he is qualified to take charge of a case of fracture, and without which much that we have already written must have but little perspicuity. We will therefore leave the collapse frequently caused by the severe nervous impression made by the injury, to be treated as all collapses should be—by properly directed and apportioned stimuli.

The simple febrile excitement does not require our attention further than to bring to mind one fact, viz., that when we use depletions in compound fractures we must remember the demand about to be made upon the recuperative powers, and with this in view we must carefully estimate how far depletives can be carried. As a general rule, not only the safest but most rational plan is to proceed slowly, using gentle and often repeated remedies rather than harsh ones. Venesection is in most cases of compound fracture required once, but a repetition should be avoided if possible, and recourse be had in preference to tartrate of antimony and nitrate of potash. These can generally be so managed as to be efficient without distressing our patient, and their effects can be more readily controlled or stopped entirely when circumstances require, whilst the prostration from loss of blood we well know is often the cause of the most distressing and dangerous features in the constitutional symptoms attending violent injuries.

Having allayed, by proper depletives, the febrile symptoms, there still frequently remains a nervous erethism, which though not of itself dangerous, often becomes very troublesome, and indirectly tends to protract the confinement of our patient. It is evidenced by his being readily excited by trifles, depression of spirits, occasional chills, but unattended or followed by febrile symptoms—sleeplessness, or very light sleep with depressing dreams. Indirectly—the result of the moral impression—there may accompany this condition, anorexia, distinctive from that attending the febrile action.

In this state we must first assure ourselves that we are not restricting our patient too much in diet. Having ascertained that this is not the case, we must begin by opening the bowels thoroughly, but at the same time guard against prolonged purging, which would weaken the patient and confirm the very trouble which we were desirous of removing. As there is almost always attendant upon it more or less inactivity of the biliary secretions, indicated by a slight furring of the tongue and bad taste in the mouth in the morning, we shall serve two ends if we commence by the administration of eight grains of blue pill with one of opium at night. The next morning there may be already an effort of the bowels, or at least premonitory warnings of one, by the violence of which we must be governed as to the quantity of the aperient we feel permitted to exhibit. As a general rule, a simple Rochelle powder will answer all our purposes both as to kind and degree.

It is possible that such an aperient may effect all our object; but should it not, we must resort to sedatives—or, rather, as the French say, to "calmants." Where it is sufficient, we prefer the simple decoction of hops, administered, not merely by the general direction "at bedtime," but waiting *until the house is quiet*. To an old practitioner the value of this apparently over-nice distinction is at once evident. To one whose experience has not yet taught him this, we would only say that after the administration of an opiate,

> "The calmest and most stillest night,
> With all appliances and means to boot,"

may make the difference between a visit of "Nature's soft nurse," refreshing and invigorating—and a night spent in anxious and exhausting excitement.

If the decoction of hops prove insufficient, recourse must be had to opium or its preparations. Of these we prefer McMunn's elixir as it does not constipate, and with this we have been in the habit of combining the wine of ipecac., giving fifteen or twenty drops of the latter with a dose of the former, apportioned to the patient's susceptibility—beginning, of course, with the smallest efficient quantity. We have thought that the wine of ipecac. lessens the exciting properties of the opium, and prevents the patient from feeling a corresponding depression and headache the next day. As an adjuvant to the opiates, if for nothing else, we may use sponging with warm water at bed-time, putting enough castile soap into the water to thoroughly soften it.

Having subdued the febrile and nervous excitement, there still remains a demand upon the surgeon's care to prevent constipation, to regulate diet, and to attend to the personal cleanliness of the patient.

With regard to the bowels, it is not enough to feel that we can open them when we choose, and therefore suffer them to go without an evacuation for two or three days, and exhibit a purgative at the end of that time. We must try to *prevent*, not comfort ourselves with *curing*. We must try to imitate nature in the frequency and kind of evacuation. Diet properly managed may do all we want. Hasty pudding and molasses, stewed apples or other fruit, new cider—if all circumstances allow it—should be tried, though a drawback to their prolonged use is occasionally found in the flatulence they produce. If we resort to medicinal means, the saline purgatives in most cases should be avoided, as they merely evacuate but do not cure the costive tendency. Rhubarb we prefer, giving it either in powder or syrup, or letting the patient chew enough of the root every morning to produce the desired effect. His own experience and that of the physician must regulate the quantity to be administered. Next to rhubarb the freshly powdered senna will serve our purpose. This can be made into an extempore electuary with molasses, or put into a fig and chewed up. This latter method of its administration is most pleasant and agreeable, and one of which we have had much experience in cases of habitual constipation and hemorrhoids. Another form of administering senna is to make a strong decoction and then stew up some prunes in it. In both these forms the taste is scarcely perceived, and not sufficiently to offend even a delicate stomach. Beyond the above suggestions we leave the reader to his own knowledge of the material medica.

The personal conveniences for evacuating the bowels have been always a matter of some concern in treating fractures of the femur, and many of the fracture beds have been much extolled for the facilities they furnish in this particular; but our object is to suggest means at the command of every one. The old-fashioned bed pan has been our chief resource, but it is uncomfortable and difficult to use. A sheet with a hole in it, by which the patient can be lifted up bodily, has been suggested; but it requires more aid than can often be commanded. The best contrivance that we have seen is an India-rubber air cushion with a hole in the centre. Beneath this is placed a shallow pan of metal or earthen ware, the edges of which are protected by the cushion. These are readily introduced, and are very comfortable; they can, moreover, be procured when Earle's bed, and the dozen other contrivances, all excellent in their way but seldom seen except in print, would be entirely out of the question.

The result of both study and experience in diet is, that more must be left in this matter to the observation and judgment of the attending surgeon than in any other particular. In the first period of treatment, during the high febrile action, the diet of course should be rigid—we may say severe—particularly in compound fractures; but this period being passed, we have a somewhat narrow course to steer. While on the one hand, making allowance for the impairment of the assimilative functions by the inactivity of the patient, we must restrict him in diet, on the other we must be careful not to furnish less food than is sufficient to support nature and give her material to accomplish the mending process—without which, an artificial joint and other complications might result.

As regards the *form* in which the food should be given, we would make this distinction. In chronic affections, where the tone of the stomach is lessened, we have always preferred giving it in a concentrated form—a cubic inch of beefsteak rather than a bowlful of sloppy broth. The stomach is not then distended, its juices are undiluted, and digestion is favored. With most cases of fracture we have a strong stomach to deal with—its functions almost wholly unaffected. It consequently has much craving which demands relief, and yet which it would not answer wholly to gratify; we must therefore cheat it, and this is best accomplished by largely-diluted aliment. Feed the patient upon bowlsful of gruel, tea and toast, panada, tapioca, thin broth, &c. All these are "very filling," and yet not exciting. In cases of protracted suppuration from compound fractures, our treatment must be different, and high seasoned and very nutritious diet, with an allowance of wine or tincture of bark, may be necessary, though this must be determined by him in attendance—further we cannot dictate.

The personal cleanliness of the patient scarcely becomes an object of surgical attention, except in prolonged cases of severe compound fracture, though it is always a matter of some care to renew the sheets beneath him, and keep the mattrass in a comfortable condition. To effect these ends much may be done by a sensible nurse. The old story of the Hindoo thief may serve as a lesson. He engaged for a wager to steal the sheet from beneath a sleeping officer. He commenced by rolling it up very tightly until close to the person of the sleeper, whose distant side he then tickled with a straw, which made him turn over, off of the rolled-up edge. By similarly rolling up the sheet (but omitting the tickling process) we may remove it and replace it by like manœuvring with another.

We saw a very ingenious, efficient and simple machine some time since, which we think might be used more frequently than it is. It was invented by a mechanic of Pennsylvania (we believe) who had broken both thighs. It consists of a simple windlass beam of uniform diameter, supported at each end by an upright and long enough for one of the uprights to stand at the head and the other at the foot of the bedstead. These uprights had transverse feet sufficiently long to prevent the machine from upsetting, and furnished with large castors so as to wheel about readily. To the windlass were attached six or eight pieces of common girthing. When used, the whole affair is placed so that the windlass is directly over the patient. Each piece of girthing is then successively passed under him, and the end brought up to a buckle on the respective piece, where it is buckled tight enough to give it its proportion of the weight of the body. One piece thus supports the head, another the neck or shoulders, a third the chest, a fourth the waist, &c. By turning the windlass, which in order to gain power is done by the intervention of a pinion and crank, the person is raised without straining a single muscle or the slightest exertion on his part, so much so that we have seen a patient in the last stage of confluent smallpox thus suspended with ease and comfort, whilst cleansing his bed from the discharge of a bed sore. The simplicity of the machine readily permits its being made upon emergency by any intelligent mechanic.

A very simple substitute for this, and one which ought to be adopted in all cases, is to suspend a line, rather larger in diameter than a clothes line, from the head to the foot of the bed, at such a height as to permit the patient to take hold of and raise himself by it.

Local Treatment.—As with constitutional, so with local treatment of fractures—but few if any implicit rules can be laid down. In all fractures, soon after the receipt of the injury there is more or less pain and swelling, indicating an inflammatory condition, and until this condition ceases there is no attempt at reparation; it is therefore our object to shorten its duration as much as possible. With this view, in fractures of the forearm and leg we prefer doing nothing more in the way of surgical appliance for the first few days than simply supporting the limb on pillows. In fractures of the femur, from the weight of the limb and its great impressibility by every motion of the body, in most cases we are forced to use other means of steadying it; but although we may use a splint for this purpose, we need not concern ourselves about *setting* the bones until the local inflammation is subdued. Even the old writers perceived the benefit of such a course, and the observations of the most judicious of the modern writers testify to it. It is true that in the present day, when the right of private opinion is asserted by every one no matter how ignorant, we are sometimes forced by the folly of those we have to deal with, into making a pretence of setting the limb, and for their safety, into deluding them with the idea that we are doing much, whilst we are only waiting for Nature to pursue her excellent and seldom-failing work.

If the injury is limited to a simple fracture of the bone, a cloth kept wet with a mixture of equal parts of spirit and water will be sufficient to allay the inflammation, though if the pain be great we may combine with this either the tincture or infusion of opium. Leeches are rarely required except when severe contusion accompanies the fracture.

In compound and comminuted fractures and those from gunshot, our task is not so simple. Here a grave question immediately arises—can we save the limb? and it is of importance in every instance that we should answer this at once—for on the one hand by delaying, in hopes of avoiding an operation, we may find when too late that our patient's vital forces are not sufficient to repair the injury done; and on the other, we may unnecessarily deprive him of a limb. What rules have we, then, for directing us in so important a case? Few—those general, and none inviolable.

The extent of the injury would of course be the first consideration, yet we cannot define those effects an excess over which would make the removal of a limb imperative. The vital powers of the patient is the next item that concerns us, for what would be a trifling injury with one, would be a serious one with another of less ability to endure. Wounds of the arteries and implications of the joints much increase the gravity of the affection. We can only state these principles, but make no closer application of them; and did we expatiate on them for pages, we would have at last to refer the question for decision to the judgment of the practitioner, influenced by them it is true, but still more affected by the study of the particular case. Our want of knowledge on this point is truly humiliating, for we almost daily hear of cases which put at defiance the judgment of the most aged and experienced of the profession, and thus become opprobria to our art. One occurs at this moment.

Case.—A man received a kick of a horse upon the middle of his leg, causing a compound comminuted fracture of both bones, three inches of each of which were at once removed in small pieces from the bottom of the wound, a large, deep and extensively lacerated one. His habits were irregular and his constitution far from being good. His surgeon—a patriarch—said the limb must come off; he said he would die first. He took six ounces of bark and then a half bottle of port wine daily, and at the end of three months got well with a leg three and a half inches shorter than the other, but a leg of flesh and bone with a knee and ankle-joint, instead of a wooden one without. Here was a heavy charge set in the minds of the man and all his unprofessional friends to the debit of surgery. Yet we would have no right to use the case as a precedent, or avail ourselves of it as an infallible guide for the future.

Jno. Bell, in the edition of his surgery by Sir Charles, goes largely into the matter, but after all states nothing more than that if you can save a limb so as to be useful, without too much endangering life by exhaustion from constitutional irritation and profuse suppuration—*do it.* The qualification that the limb should be useful must be noted. The annual address for 1845 before the Mass. Medical Society, delivered by Dr. Walker, of Charlestown, was devoted to this subject, and contained the results of the great experience of the author. The tendency of his remarks was to show that limbs are frequently removed which might be saved.

Leaving the question, we will assume that the limb can be saved—how can we further such a happy termination? We must first support the limb carefully and thoroughly. If we can do this without splints, so much the better; and hair pillows judiciously arranged, and covered with India rubber cloth for the sake of cleanliness, will do well, but we consider the bran dressing suggested (we believe) by Dr. Hartshorne and used at the Pennsylvania Hospital for more than twenty years past, as far preferable. This consists in laying the limb in a long box or trough of proper size, containing common bran in which the limb is half imbedded. The bran furnishes a soft yet firm and equable support both for its under and lateral surfaces, in addition to which, it absorbs the discharge, and when befouled the offensive portion can be removed without the slightest derangement of the remainder or disturbance of the limb.

When the bone protrudes through the flesh, we must reduce it before placing the limb upon the pillow or in the bran; and to effect this, it may be necessary to subject it to considerable flexion or other movement at the point of fracture, in order to permit the bone to be drawn within the skin in the same direction in which it was protruded. All such motions, it is needless to say, must be as gentle as possible. If such efforts as we deem justifiable are fruitless in consequence of spasm of the muscles, we must not be impatient, but put the patient under the influence of an opiate, and repeat our endeavors, when if they are still unsuccessful we may saw off the projecting bone, removing of course as little as possible. Should the bone be comminuted, the loose pieces must be cleansed away as well as the coagulated blood, pieces of clothing, dirt, and everything which would tend to irritate the part. Having reduced the wound to its simplest form and taken the requisite measures to arrest hemorrhage (not a common trouble), we must next furnish such local support as will keep the lacerated flaps in place. This is much better done by judiciously disposed compresses and bandages than by sutures, which can rarely be used to advantage in these injuries, as it is by second intention alone that reparation is effected. The bandage to be used is, without hesitation, that of Scultetus; its permitting any portion to be removed without disturbing the remainder or the limb, giving it an undeniable advantage.

The best material for the compresses is old linen—being preferable to patent lint, as it leaves no shreds sticking to the wound or entangled amongst the new and tender granulations.

Our next consideration is, what remedial applications shall be made to the wound. The most frequently and long used are warm poultices of Indian, rye, oat, flaxseed or slippery elm meal, and the objects and effects of these are too well known to require us to dwell upon them—nor do they differ in their action sufficiently to make us expatiate on the excellence of one over the others. We would only say, upon this last point, that the slippery elm is more bland than the others, and where there is much irritability it might be used in preference.

When mortification is threatened, we must substitute for the above the fermenting poultice, composed of equal parts of Indian meal and powdered charcoal, mixed with yeast or new beer. With all these poultices anodynes may be combined—the hop or poppy leaves mixed in or powdered opium sprinkled over the surface just before applying them; and, indeed, they may be made the vehicle of any medicament which circumstances require—such circumstances and the appropriate medicament being too inconstant to require any more explicit detail here.

In applying a poultice it is a great object to keep it perfectly moist until it is replaced by a fresh one. With this object they are frequently made large and their weight becomes painful, besides which it presses the lacerated parts out of apposition. All this may be avoided by making the poultice small, and placing over it a piece of oiled silk, which prevents evaporation and retains the moisture.

About fourteen or fifteen years ago M. Josse, Surgeon of the Hotel Dieu at Amiens, suggested the use of cold running water as a dressing in the place of poultices, and Breschet made an application of this to compound fractures. We have looked carefully for late testimony bearing upon a remedy which originally was vaunted as far surpassing anything before in use; but our efforts have been fruitless. .The cases of Breschet are few; to these Rognetta adds three. Another writer, whose name does not now occur, and whose paper cannot at present be laid hold of, gives four cases of amputation in which it had been tried, but with death in all. Still, we do not mean to condemn it, but merely give our verdict upon the question of its excellence as "not proven."

During the application of the splints we must not be content with being told that they do not chafe or pain the patient, we must look at the points of pressure as well as we can without deranging the dressings, and if we find any irritation produced, new and softer compresses should be introduced and the parts bathed with warm spirit or the tincture of soap and opium—or if chafed, should be wet three or four times a day with a decoction of catechu. This is much better than an unctuous application, and tends to harden the surface.

J. Cloquet describes, under the name of "local scurvy," an affection which sometimes attends fractures during their treatment in persons having vital powers below par. This shows itself in blotches varying from a pale red to a deep purple, attended with some little edematous swelling. These appear in the neighborhood of the fracture and also at the extremity of the limb, evidently the effect of atony of the capillaries. Bathing with hot spirit and gentle frictions are the best topical remedies for these, and we must see if the allowance of diet cannot be increased with advantage or the food given be made more nourishing.

Our care does not properly cease with the healing of the lacerations, the knitting of the bone and the removal of the splints. After these are accomplished there is frequently much tenderness and pain in the limb, or at least in parts of it, mostly around the joint, and a stiffness of the muscles and coldness of the extremity, particularly in old persons—which it takes months to remove. As remedies for the first of these, may be used gentle frictions, either with the bare hand alone or with the tincture of soap and opium. For the stiffness and coldness the same remedies may suffice, and in addition to these we may use—exercise, both passive and active, kneading and pinching the muscles (as the French call it "massage"), and bathing. Bathing may be used either by sponging, the douche, or by immersion. Sponging is best where the health is delicate and re-action difficult to bring on, or where we fear the effect of too violent re-action. Between the two other methods of applying a bath, our choice would rather be a consideration of comfort and convenience than a preference as a remedial agent; or if there is a difference, it is that the shock is greater from the douche. The water must be tempered according to the powers of the patient, depressing its temperature only to such a degree as will permit ready re-action.

In cases of great rigidity, if we are very certain that proper union has taken place and that there is no other lesion, it may be necessary to subject the joint to violent passive motion, bending and extending it forcibly even though productive of pain to the patient. Any irritation so caused may be generally readily allayed by frictions.

Sometimes it may be necessary, in consequence of its lessened vitality and depressed temperature, during the first month or two, for the patient to wear thicker clothing upon the limb; but this can seldom happen except with very aged persons.

We need scarcely add that in all locomotion for the first three weeks, crutches should be used, gradually transferring the weight from these to the lately injured limb, and accustoming its muscles to their former functions.

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Gresley's method, described at sitting of l'Acad. Roy. de Med., April 13th, 1830—Ar. Gen. de Med., v. 22, p. 568.—Report upon favorable, ibid., v. 23, p. 589.

Gresley's and other methods examined by Velpeau, Arch. Gen. de Med., v. 29, p. 509.

Addenda.

Impaction of the Neck.—Roberts on, Arch. Gen. de Med., Aug., 1844.

Fracture of Neck simulated by fr. of cotyloid cavity.—McTyer, in Glasgow Med. Journ., Feb., 1831.

Shortening of the Neck.—Gulliver, Med. Chir. Review, April, 1839.

EXTRACT OF INDIAN HEMP.

[It is not probable that the following note to the editor was intended for publication, but as the benevolent writer has expressed himself in a way to interest the profession, we have taken the liberty to publish it. In order to give the article referred to the fairest kind of trial, the case containing the extract is placed in the publishing office of the Journal, where practitioners may be furnished with parcels to experiment with, free of expense. We enjoin it upon those who avail themselves of Dr. Wigglesworth's kindness, to furnish a report of their success in administering the new medicine.]

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Accompanying this you will find one pound of the resinous extract of Indian hemp (Cannabis Indica), which I recently received from Calcutta, the claims of which to the notice of the profession have been so warmly urged by Dr. O'Shaughnessy of that place. He finds it to allay spasmodic action and pain, even the most violent paroxysms of neuralgia; to increase wonderfully the appetite and digestion; to procure sound and refreshing sleep, and a more pleasurable state of mental exaltation than that produced by any of the forms of opium, followed by no constipation, sickness, depression or other re-action.

I have found it a very powerful agent in relieving pain, but do not feel justified in applying to it all the encomiums bestowed by Dr. O'S. My opportunities for trying it, however, have been limited, and (as, owing to ill health, I am obliged to relinquish practice) will for the future be more so. I would therefore beg the favor of you to use the sample which I send you, or to give it to such of the profession as may wish to make trial of its effects, and should you deem the results worthy of notice, to make them public through the pages of your Journal.

I am, with much respect, your ob't serv't, Samuel Wigglesworth.

Boston, August 28, 1845.

P. S.—I have found five or six grain doses necessary to produce any strongly-marked effects. It is best exhibited in solution or suspension in some vinous or alcoholic liquid. S. W.

SUDDEN BIRTHS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—On looking over the Medical and Surgical Journal last evening, I was much interested in the cases related under the head of "On a Source of Error in Supposed Infanticide," having had a similar case myself. On June 17th, 1841, I was hastily called to the wife of a merchant, residing about 20 rods distant, who was at the time in labor with her second child. She was about her work as usual in the morning, without any monitions of approaching labor; when suddenly she was taken with violent pain. In three or four minutes from the time her pains commenced, I was by her side. I found her in her bedroom, holding on to the bedpost, and in less than eight minutes she was delivered of a large healthy boy weighing eight pounds. The pains did not abate from the commencement to the time of delivery, nor were we able to get her upon the bed till after the child was born. There was no more flooding than usual, and both mother and child did well.

Last night, just after I had retired to rest, I was hastily called to visit a patient, Mrs. M. D., about 4½ miles distant, in labor, or rather just delivered, but, as the messenger said, in a frightful condition. The house is half a mile from any other, and Mr. D. was absent. Mrs. D., who was alone in the house, stepped out at the door just at dark, when she was taken with labor pains with her second child. She succeeded in getting into the door, and just at that moment the child was forcibly expelled upon the floor, within one and a half minute from the time she was taken. The cord was long, so that it was not broken by the falling of the child. She commenced flowing profusely, which frightened her very much. She immediately seized the cord and broke it in two places, and succeeded in passing through that room and entry into her bedroom, where she was found in a few minutes by a small boy sent there of an errand, and he summoned the neighbors. They found the child lying upon the floor where it was born, and the mother on the bed quite exhausted. I arrived in about one hour and a half from her delivery, and found her in great distress, with faintness. By feeding freely upon brandy and morphine, she soon rallied and became quiet. To-day I found both mother and child doing well. The mother is a small woman, weighs about 112 pounds; the child 8 pounds. Yours truly,

Wrentham, Aug. 29th, 1845. L. B. Larkin.

CONGENITAL HYDROCEPHALUS OF TWO YEARS' DURATION, SUCCESSFULLY TREATED.

By Thomas Barbour, M.D., Professor of Obstetrics, &c., in the Medical Department of Kemper College, St. Louis.

In May last, I was requested to visit David Crankshaw, who was born in Stockport, England, May 21st, 1843. His mother communicated to me the following facts in relation to his case:—His head, at birth, was unusually large, and the fontanelles and sutures very widely separated, the membranous portions being quite protuberant, and imparting the sensation of fluctuation. The above conditions had existed from birth up to the time of my visit, and he had had frequent convulsions and occasional paralysis. She stated that the physicians whom she consulted in England pronounced the case to be dropsy of the brain, and were of the opinion that he could not live. The following was his condition when I saw him. His head was of monstrous size; the fontanelles were very large, the anterior being at least three inches in diameter, and occupied by a large fluctuating tumor that was elevated about an inch above the level of the cranium, and which appeared to depend not only on fluid in the lateral ventricles, but also on the surface of the brain, as compression with the hand, evidently, very greatly oppressed the brain. The sagittal suture was widely open, and all the bones of the head were quite movable and compressible. His neck was very remarkably emaciated and slender; so much so, that the weighty head could only be sustained by the shoulder on which it constantly leaned. Chronic diarrhœa also existed, associated with general emaciation, especially of the inferior extremities —tumid abdomen, and irritative fever. He presented, indeed, the most prominent symptoms of marasmus, in connection with the hydrocephalic condition.

The following is an *outline* of the treatment I pursued. With the view of improving the secretions, and restraining the bowels, I administered the following combination: R. hydrarg. c. creta, ʒ ss.; pulv. Doveri, grs. xv., made into twelve powders, of which one was given every sixth hour. During the use of the above it became necessary to give mild aperients, occasionally, to relieve the torpor of the bowels. With the view of promoting the absorption of the fluid in the brain, and, at the same time, of improving the general constitution, I administered the following solution: R. Hydriod. potassæ, ʒ ss.; aq. distil. ℥ ij.; a teaspoonful thrice daily. I also applied a blister to the nucha, and directed frequent affusion of cold water over the head. This course, with but slight variation, was continued for about six weeks, and the result was highly gratifying; the secretions rapidly improved; the irritative fever gradually yielded; the head, day by day, diminished in size; the fontanelles became gradually reduced to a natural size; the convulsions did not recur after I saw him; and the little boy, having gained flesh, strength and complexion, left St. Louis, a few days ago, apparently perfectly well.

My great reliance in the treatment of the above interesting case, was the hydriodate of potassa; and my object in communicating it to the profession is, to contribute *additional* testimony of the very great value of iodine and its preparations, hoping that some *inexperienced* or *prejudiced* reader, who may think it safest to pursue the old beaten track of therapeutics, may profit by it.—*Missouri Medical Journal.*

Dr. Fioravante has successfully employed blisters to the heels in the treatment of sciatica. The epidermis was first softened, and then removed, and the suppuration was kept up for some time in chronic cases.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 10, 1845.

Anatomy and Diseases of the Breast.—Sir Astley Cooper was not only a profound thinker on surgery and a skilful operator, but accomplished a large amount of literary labor. His works on Hernia, on the Structure and Diseases of the Testis and Thymus Glands, on Fractures and Dislocations of the Joints, together with his Lectures on Surgery, edited by Tyrrell, constitute a series of no ordinary character. A large and elegant volume has just come from the press of Messrs. Lea & Blanchard, of Philadelphia, made up of papers, from the writings of that eminent operator. The size corresponds with the illustrated works of the author, having plates, reduced in dimensions, but very carefully executed.

The volume commences with the anatomy of the breast; then follows its diseases, traced through all obscurities, and made plain even to a student. Next, a variety of articles, extracted from the journals of the day, hospital reports, &c., commencing as far back as 1798. This is an outline, only, of the plan of this large book, every page of which is intrinsically valuable. On the completion of this work of Sir Astley's, those who are ambitious of possessing all the high authorities on surgery, will certainly avail themselves of the whole of his works, now uniform in the style of typography, in the paper, and binding. This, with those that have preceded it, may be had in Boston, at the store of Messrs. Ticknor & Co., whose collection, at the present time, is both extensive and choice in all departments of medicine and surgery.

Principles of Tokology and Embryology.—This is modestly called an elementary treatise; but no one at all familiar with the subjects discussed would think of giving it a second rate place among works on midwifery. A history of the book is simply this:—It is a translation from the French of A. A. L. M. Velpeau, by Charles D. Meigs, of the chair of Obstetrics in the Jefferson Medical College. This is also the third American edition, with notes and additions by William Harris, M.D., a lecturer of approved reputation on the subjects embraced in the volume. Thus, from being a book of acknowledged merit in a foreign language, it has undergone a series of improvements under the vigilant supervision of men familiar with the branch of practice to which it is exclusively devoted, and the presumption is, therefore, with such an array of names on the title-page, that it carries its own recommendation boldly and fully on its front.

After the anatomical description of the pelvic region, there follows a description of a malformed pelvis, and then a full explanation of all the organs connected with the function of reproduction. Next the office of each and the concurrent function of the whole group. The author then traces the history of gestation, and from one page to another, through a series of well-arranged articles, leaves no topic untouched in the broad domain before him. At the fifth chapter, commence distinct articles on labor, the causes, precursory signs, first stage, &c.; various forms of presentation; the conduct of the accoucheur; diagnosis; to determine the position, and prognosis. Dystocia and its varieties and modifications, occupy three sections of an important chapter. At the fourth chapter obstetric operations are brought under consideration, and the volume closes when every inch of ground has been carefully surveyed. The work is published by Lindsay & Blakiston, Philadelphia.

Diseases of the Sexual Organs.—We alluded to the proof sheets, some weeks since, of the treatise on these diseases by Dr. Dixon, of New York. The work is now in the hands of the trade. It was a part of the author's design to construct a scientific treatise, but for popular as well as professional reading. In this, we apprehend, he will ultimately discover that he has made a mistake. The great public can hardly be expected to understand that portion of the text which is necessarily technical; and a physician would loathe the pap which in such cases must be introduced here and there for the world's people. However, Dr. Dixon has managed exceedingly well, in mixing up the various ingredients composing the different chapters; and in securing attention to every page in the volume—an art that only a few writers on medical topics possess.

A commendable trait in this work, is an active determination to expose the quackery that stalks through the land, in the treatment of these diseases. In this branch of business alone, thousands upon thousands practise the vilest system of knavery, especially in all large cities, under the respectable garb of medical practice. Both men and women, known and unknown to local fame, actually riot on the public health, by pretending to cure these special maladies by special means. Dr. Dixon fires into the whole herd at the first shot, but it is by no means certain that he will effect any revolution. We like his decided efforts, though they may prove ineffectual. The fact is, physicians are not the men best calculated for altering the public sentiment on such a subject. The more ignorant people are, the more obstinate; and when ignorance and fear are acting in concert, all the medical colleges in the world could not influence a patient of this description so effectually as a quack of his own calibre.

There is something original in Dr. Dixon's dedication—"To the intelligent and conscientious men who believe in the propriety of a single board of State Censors, to be elected without nomination, and therefore without fear or favor," &c. Perhaps we do not understand the medical politics of the Empire State, and therefore it would be wasting labor to hazard an opinion upon this point. Those who covet the name of philanthropist are seldom willing to allow they are prompted by selfish motives in any act that has reference to mankind; but Dr. Dixon declares at the outset that his motive is self-interest. This is honest, and we hope he will realize a handsome income from the sale of his book, whilst those who study his investigations may also be gainers.

Appended to the volume, are drawings of two instruments, heretofore described, and invented by Dr. D., which are of much more importance, we apprehend, than may yet have been supposed—one, the speculum vaginæ, and the other called the polypus ligator. The latter is for the purpose of placing ligatures around tumors in the uterus, and is a simple contrivance—a mere bent wire, something in the form of sugar tongs, but well adapted for the purpose. Simplicity in the construction of surgical instruments should always pass for a recommendation. In the case of this instrument, however, it is quite possible that its peculiar simplicity has actually operated against its general use. In showing the speculum to a celebrated surgeon of this city, we recollect he observed that the folds of the vagina would be likely to fall down between the bars of the wire tube, and obstruct the view into the interior. He therefore gave a preference to the perfect tube, rather than one made up of a series of parallel rods, brazed to the periphera of a ring, as in Dr. Dixon's invention. On trial, however, this may not be found an objection.

To return to the book. The articles on sarcocele, hydrocele, hydrocele of the cord, encysted hydrocele of the cord, anasarcous hydrocele, malignant diseases of the testicle, and varicocele, are the best portions, and may be consulted with confidence.

In Boston, copies are to be found at Redding & Co.'s, State street.

A Missionary Physician wanted.—In looking over the last missionary intelligence from the Sandwich Islands, it is noticed that a physician is very much needed at the Lahaina station. "The committee," says the Missionary Herald for September, "are pained to say that they have but one physician upon their list of candidates for missionary employment at the present time, and none have been appointed since the announcement in June, 1844." There are several stations at which competent physicians would have full scope for their bevevolent exertions. At Madura urgent appeals have been made for a medical adviser; but the committee cannot yet obtain one. These missionary stations in foreign countries, under the patronage of the Society, present extraordinary opportunities for doing good, aside from the advantages accruing to the person who enters upon the duties. A few young physicians, possessing the proper qualifications, would find themselves in a position, should they enter upon the service, for achieving much in the countries in which they might be located, both for suffering humanity, and in contributing to the spread of the benign influences of christianity.

Beautiful Instruments.—Mr. Jos. Burnett, apothecary, of this city, Mr. Metcalf's successor, has just received from Paris, as may be seen by his advertisement, some very highly finished articles of surgical cutlery, manufactured by the well-known Charrière, rue de l'Ecole de Médecine à Paris—a famous calling-place for American students while staying in that city. Some of the pocket-cases are uncommonly elegant, compact, and useful for every day business. The exploring needles and compound catheters are admirable. Partial as we are to home-made things, it would be unpardonable not to remind medical gentlemen of this recent importation.

Rush Medical College.—Some account of this newly-organized institution, located at Chicago, Illinois, was given last season. It is only necessary to remark, that since that period excellent accommodations have been provided, and the prospects are of a very encouraging character. A new circular has been sent abroad, which evinces not only the enterprise of the Faculty, but the great advantages accruing to students in the far West, by attending lectures at the Rush Medical College.

Public Sympathy for a Physician.—It seems, that from some cause, unknown to us, Dr. S. J. W. Tabor, of Shelburne Falls, Mass., well known for his medical researches, and who lately suffered the loss of his wife by death, is about leaving the practice of medicine. A public meeting having been called, the following complimentary resolutions were passed.

"*Resolved*, That we sincerely sympathize with Dr. Tabor in his recent bereavement, and that we deeply regret the necessity which compels him to abandon the medical profession, thus depriving us of his valuable services as a physician.

"*Resolved*, That we have the highest respect for Dr. Tabor as a citizen, that we have undiminished confidence in his ability and integrity, and that he shall ever have our best wishes for his welfare and prosperity."

Medical Degrees in Connecticut.—At the late commencement at Yale College, the degree of M.D. was conferred upon the following gentlemen, viz., James Austin, Gardner Barlow, E. M. Beardsley, J. E. Clark, R. W. Forbes, B. M. Fowler, H. H. Loomis, Wm. H. Russell, J. H. Thompson, E. G. Ufford, E. T. Winter.

The honorary degree of M.D. was conferred on Benjamin Rogers, George Blackman, Orrin Witter, R. A. Manwaring, S. S. Noyes, T. P. Wattles, G. H. St. John.

Manufacture of Calomel in Philadelphia.—The U. S. Gazette says that one house in Philadelphia has prepared and sold, within the last three years, 17,000 pounds of calomel. The consumer pays the apothecary for the medicine, at prices varying from $50 to $500 per pound. Putting the above quantity at only $60, it would appear that the price paid for it has exceeded a million of dollars. It is supposed that the quantity manufactured by other houses is at least six times as much. If so, the cost of calomel in Philadelphia in three years, has been $6,000,000, or an average of 2,000,000 per annum. Probably this estimate is greatly exaggerated.

Lexington, Ky., Medical Library.—There are in this collection over 1200 volumes on Practical Medicine, nearly 1000 on Anatomy and Surgery, 700 on the Institutes of Medicine and Medical Jurisprudence, over 400 on Obstetrics and the Diseases of Women and Children, about 600 on Chemistry, between 300 and 400 on Materia Medica and Therapeutics. The residue of this extensive and valuable library is composed of works on the several departments of natural history, of periodicals, and miscellaneous scientific works, ancient and modern, making in all, over 7000 volumes.

National Vaccine Establishment.—During the last year, the National Vaccine Institution has supplied one hundred and seventy-five thousand three hundred and sixty-two charges of lymph, and met the demands contained in the letters of five thousand eight hundred and forty-five correspondents, the majority of whom required lymph, not only for their individual service, but for that of extensive distribution, thus multiplying, to an indefinite extent, the benefits disseminated by this national institution.—*London Lancet.*

The Italian Scientific Congress.—The seventh Italian scientific congress will take place at Naples. It will open on the 20th of September, and close on the 5th of October, under the presidency of Antonio Spinelli. The king of Naples, it is said, takes great interest in the intended scientific reunion, and great preparations are to be made in order to give a brilliant reception to the litterati who are expected to attend.—*Ibid.*

Medical Miscellany.—Dr. Crump, Charge des Affaires to Chili, lately sailed for Valparaiso in the Portsmouth. The doctor's health had very much improved.—Dr. Jarvis, of Connecticut, the inventor of a surgical instrument called the *adjuster*, has been rewarded, by the Society Arts, in England, with a gold medal, valued at £15 sterling.—The Marionite monks of Syria are not allowed to taste of meat, or to smoke tobacco; they eat fish, however, and take snuff.—Dr. R. Semple, one of the California delegation from St. Louis, is said to be six feet and eight inches tall.—A lad in New Brunswick died after an illness of forty-eight hours, from the effect of having eaten a quantity of dried apples at one time, and shortly afterwards drinking beer on them, which created fermentation, and produced a most unnatural swelling in his stomach, and stoppage of the intestinal canal.

To Correspondents.—Dr. Wallace's paper on Febrile Diseases is on file for publication.

Married,—At Keene, N. H., Seneca Carter, M.D., of Weston, Vt., to Miss A. Carpenter.

Died,—At Berlin, Vt., Dr. Thomas Bailey, 34.—At Helensville, Canada, Dr. John Geo. Bridges.

Number of deaths in Boston, for the week ending Sept. 6, 73.—Males, 33; Females, 40. Stillborn, 4. Of consumption, 10—disease of the bowels, 16—dropsy on the brain, 7—cholera infantum, 5—old age, 2—lung fever, 1—dropsy, 5—disease of the liver, 1—scarlet fever, 6—infantile, 5—hooping-cough, 1—typhus fever, 3—teething, 2—inflammation on the lungs, 2—canker, 1—cholera morbus, 1—accidental, 1—disease of the heart, 1—marasmus, 1—inflammation on the brain, 1—brain fever, 1.
Under 5 years, 43—between 5 and 20 years, 7—between 20 and 60 years, 18—over 60 years, 5.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

August.	Therm.		Barometer.		Wind.	August.	Therm.		Barometer.		Wind.
1	from 67	to 78	from 29.49	to 29.60	S W	17	from 56	to 82	from 29.51	to 29.56	N E
2	60	79	29.65	29.66	S W	18	66	74	29.46	29.51	S E
3	62	80	29.60	29.61	S W	19	61	86	29.45	29.47	S E
4	58	83	29.54	29.60	W	20	61	83	29.50	29.53	S E
5	64	87	29.53	29.54	S W	21	70	82	29.38	29.46	S W
6	66	88	29.52	29.53	W	22	72	88	29.37	29.40	S W
7	64	82	29.47	29.52	S	23	73	85	29.39	29.45	S W
8	66	89	29.44	29.46	S W	24	71	86	29.39	29.40	S W
9	71	85	29.45	29.45	S W	25	66	84	29.39	29.42	W
10	68	85	29.25	29.41	S W	26	66	86	29.35	29.37	N W
11	72	79	29.05	29.17	S W	27	56	70	29.29	29.40	N E
12	68	78	29.05	29.19	S W	28	52	74	29.42	29.65	N E
13	60	85	29.31	29.39	S W	29	44	72	29.60	29.72	S E
14	67	83	29.40	29.43	W	30	56	68	29.22	29.44	N W
15	69	85	29.48	29.53	N E	31	59	75	29.23	29.26	N W
16	61	80	29.50	29.52	N E						

The month of August has been pleasant, uniform and fair—the first part of it very dry; favorable rains have fallen since the 20th. The pastures, cornfields and potatoe crop have suffered from drought. Range of Thermometer, from 44 to 89—Barometer, from 29.05 to 29.72. Rain, 2.36 inches.

Peritonitis following Examination for Uterine Polypus.—At a meeting of the *Societé de Chirurgie*, M. Lenoir presented the uterus of a woman, 55 years of age, who had been seized suddenly with acute peritonitis, the day after an examination, by which the presence of an uterine polypus in the vagina had been ascertained. She had been laboring under hemorrhage for seven or eight months; the existence of the polypus was ascertained without the slightest difficulty. M. Lenoir intended to have operated the following day, but was prevented by the development of peritonitis, which carried her off within eight days.

M. Malgaigne narrated a similar case which had occurred to himself. He was called to Versailles to see a lady who was affected with uterine polypus. He practised the toucher, and recognized, without the slightest difficulty, the presence of a polypus, which he intended to have extirpated. The following day, however, she was seized with peritonitis, and died. Such cases are extremely rare, but it is well to be aware of their existence.—*Gazette des Hopitaux.*

Poisoning by a Small Dose of the Muriate of Morphia applied Externally.—A young woman, laboring under scirrhus of the uterus, and suffering from vomiting and pain in the stomach, was ordered to apply to the epigastrium, from which the skin had been previously removed by a blister, the 1-32nd part of a grain of the muriate of morphia. The same dose was repeated by the endermic method the following morning. Some time afterwards, the woman fell into a state of complete narcotism. She suffered from pain in the head, stupor, ringing in the ears, dizziness, and incoherency, a hot and dry skin, and a strong and frequent pulse. Among the symptoms was one somewhat remarkable—namely, that she saw only the half of surrounding objects; for instance, in the case of a person standing before her, she could only see the right or left half of the body. The cerebral congestion was followed by convulsions. Venesection was performed, but this only produced a stronger attack, followed by another. A compress, soaked in vinegar, with ice, was applied to the forehead, followed by mustard poultices to the lower extremities. The symptoms gradually abated, but it was three weeks before vision and speech were perfectly restored.—*London Medical Gazette.*

Foreign Body in the Ear.—A gentleman of this city stated that he had lost the hearing of one of his ears, about six weeks previous. Upon examination, we discovered that a large bug had found its way into the ear; and its removal restored his hearing. Two *physicians*, in the city, had pronounced his case a *disease* of the *ear-drum*. We suppose, of course, their opinion was in accordance with what knowledge they possessed.—Perhaps they will remember the case?

Before an opinion is expressed in regard to affections of the ear, a careful examination should be made in the sun-light, which can easily be directed into the ear: an egregious blunder may thus oftentimes be avoided.—*Missouri Medical Journal.*